

## MISSOURI DEPARTMENT OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000626

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 23

STATE FILE NUMBER

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> (mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Jackson</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>432 No. High St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Pearl McCain</b>		4. DATE OF DEATH Month Day Year <b>Jan. 4 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/14/1881</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>Oriole Comm. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Thomas McCain</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Robins McCain</b>	
14. NAME OF HUSBAND OR WIFE <b>Maggie McCain</b>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Maggie McCain</b>		Address <b>Jackson-- Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> Arteriosclerosis Cardio-vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus-- Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>May 4th 1958</b> to <b>Dec. 30th, 1961</b> and last saw him alive on <b>Dec. 30, 1961</b> Death occurred at <b>9:40 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles L. Tindall M.D.</i>		22b. ADDRESS <b>Jackson, Missouri</b>	
22c. DATE SIGNED <b>1/20/62</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/7/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Bethel Church Cem.</b>	
23d. LOCATION (City, town, or county) <b>Rt. #4, Jackson Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>1-23-62</b>	
23f. REGISTRAR'S SIGNATURE <i>Harold W. M. D.</i>		23g. REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR <b>McCombs</b>		24b. ADDRESS <b>Jackson, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce Poeklin

Licensed Embalmer No. 5097

P. O. Address Jacksonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.